

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 09/150475	FILING DATE	
CLAIMS						* * *		
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND. DEP.	IND. DEP.	IND. DEP.
1	1	1	1	1	1	51	51	51
2	1	1	1	1	1	52	52	52
3	1	1	1	1	1	53	53	53
4	1	1	1	1	1	54	54	54
5	1	1	1	1	1	55	55	55
6	1	1	1	1	1	56	56	56
7	1	1	1	1	1	57	57	57
8	1	1	1	1	1	58	58	58
9	1	1	1	1	1	59	59	59
10	1	1	1	1	1	60	60	60
11	1	1	1	1	1	61	61	61
12	1	1	1	1	1	62	62	62
13	1	1	1	1	1	63	63	63
14	1	1	1	1	1	64	64	64
15	1	1	1	1	1	65	65	65
16	1	1	1	1	1	66	66	66
17	1	1	1	1	1	67	67	67
18	1	1	1	1	1	68	68	68
19	1	1	1	1	1	69	69	69
20						70	70	70
21						71	71	71
22						72	72	72
23						73	73	73
24						74	74	74
25						75	75	75
26						76	76	76
27						77	77	77
28						78	78	78
29						79	79	79
30						80	80	80
31						81	81	81
32						82	82	82
33						83	83	83
34						84	84	84
35						85	85	85
36						86	86	86
37						87	87	87
38						88	88	88
39						89	89	89
40						90	90	90
41						91	91	91
42						92	92	92
43						93	93	93
44						94	94	94
45						95	95	95
46						96	96	96
47						97	97	97
48						98	98	98
49						99	99	99
50						100	100	100
TOTAL IND.	3					TOTAL IND.	1	
TOTAL DEP.	16					TOTAL DEP.	1	
TOTAL CLAIMS	19					TOTAL CLAIMS	1	